their functions may be restored with an improvement in the disease. Local treatment is only required in the rare cases in which the existing anæmia is increased by profuse uterine hemorrhages, when curettage is indicated. Neoplasms should, of course, be dealt with according to the usual rules.

Castration for the cure of Basedow's disease has been advocated by Blocq, but there are no scientific grounds for its support.

SARCOMA DECIDUO-CELLULARE.

LAUNEN (*Ibid.*) describes a case of this rare neoplasm in which he diagnosticated the condition by the examination of tissue removed with the curette, and extirpated the uterus successfully a few days later. Seven months after the operation the patient was perfectly well and had gained twenty pounds in weight. This case was the fifth in which a radical operation had been performed, but only the second in which the patient was still living. The diagnosis was made from the history of a previous pregnancy and abortion, irregular hemorrhages and foul discharge, accompanied with septic symptoms, vomiting, and cachexia. On examining the uterine cavity with the fingers a soft neoplasm could be felt, portions of which were removed and examined microscopically, when the diagnosis was confirmed by finding processes of decidual cells which invaded the muscle-fibres, thus proving the malignancy of the growth as well as its decidual origin. The writer concludes that while one may not succeed in removing a specimen for diagnostic purposes which presents such a typical appearance, the clinical history will at least make it clear that a malignant intrauterine growth exists, and that total extirpation is accordingly indicated.

PÆDIATRICS.

UNDER THE CHARGE OF

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LEAD-PALSY IN CHILDREN.

NEWMARK (*Medical News*, May 11, 1895) reports a case of lead-paralysis in a girl of six years, who had been exposed to the drug by sleeping in a crib which had been painted with a mixture containing white lead; this covering of paint was very slow in drying, requiring many months, and the patient was in the habit of scratching it off with her finger-nails. The blue line on the gums was well marked. There was bilateral wrist-drop; on the right side all the muscles supplied by the radial nerve were paralyzed, except the triceps and supinator longus; on the left side the triceps, supinator longus, and abductor pollicis longus were preserved. Fibrillary twitchings were absent, but a jerky tremor was observed. The triceps-reflex was present in each arm, sensibility was intact, and the affected muscles gave complete reaction of degeneration.

The patient was able to walk, but she occasionally stumbled, owing to failure to clear the ground completely, for there was bilateral ankle-drop. She could, however, extend the proximal phalanges of the toes quite well, this movement being the only one that could be executed by muscles supplied by the external popliteal nerve. The tibialis anticus was also affected, and all the affected muscles showed the reaction of degeneration.

The case illustrates the fact signalized by Putnam that in children it is the rule for the legs to be "affected as much as the arms, or more, as in paralysis from alcohol and arsenic, the symptoms generally appearing first in them." It is also to be noted in this case that, although the arms and legs were equally affected, functional recovery took place much earlier in the former than in the latter. Chapin, in two cases, and Sinkler, in one of his three (*Medical News*, July 28, 1894), made the same observation; and according to Newmark's study no case has been found where the disorder persisted in the upper extremities after the lower had completely recovered.

HYPERTROPHIC CIRRHOSIS WITH CHRONIC ICTERUS IN THE CHILD.

GILBERT and FOURNIER (*Revue Mensuelle des Maladies de l'Enfance*, July, 1895, p. 309) report seven cases of hypertrophic cirrhosis occurring in children or adolescents, the *début* of which dated back to ages varying from five and one-half years in the youngest to seventeen years in the oldest of the cases described, thus indicating that the disease is not excessively rare in childhood. In general characteristics the clinical picture of the disease in the child differs in no essential from that presented in adult age. There is the hypertrophy of liver and spleen and the deformations which are thus produced, the jaundice with its train of secondary symptoms, the same absence of ascites, and the maintenance, for a long time, of the appetite and general health. There are, however, some special points of distinction to be noted in the author's cases. In three of these the hypertrophy of the spleen greatly exceeded that occurring in the liver, so that while the latter organ was found to extend only one or two fingers' breadth below the false ribs, the spleen filled the entire left flank, reaching the umbilical line and descending well into the pelvis. Such a disproportion between the liver and spleen does not occur in adult cases, and this feature in the cases under discussion is thought to pertain especially to childhood and adolescence.

Another peculiarity in three of the cases was found in certain nutritive changes in the bones of the phalanges of fingers and toes, and in the extremities of other bones—alterations which have not been hitherto described in connection with this disease. In the first case the distal phalanges of the fingers and those of the great toes were enlarged to resemble a drum-stick; the lower extremities of the femurs and both ends of the tibiæ were also enlarged, and the knee-joints were painful and contained a small effusion. In